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PTO/SB/122 (01-06) Approved for use through 12/31/2008. OMB 0851-0035

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2833 Art Unit Address to: Commissioner for Patents Examiner Name ROSS GUSHI P.O. Box 1450 Alexandria, VA 22313-1450 870-003-216 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with 83409 Customer Number; OR Firm or Individual Name Address City State Zip Country Telephone **Email** This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 28.333 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Name MILTON M. OLTVER

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